

To be completed by State Office – Date Received: _____

Grant Application Signature Page
State of Kansas Department of Health and Environment

Grant Period: July 1, 2015 – June 30, 2016

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

This form, complete with signatures, is required for all grant applications to be considered complete.

Upload to Catalyst as an attachment on the Organization Summary Page.

All applications due March 16, 2015.

Applicant: (Name of Agency) Barton County Health Department

Street Address/PO Box 1300 Kansas Avenue Suite B

City Great Bend, KS Zip Code 67530

Name of Director

Shelly Schneider, BSN, RN

Primary Contact

Yolanda Schaben, Financial Officer

Telephone of Primary Contact

620-793-1902

Child Care Licensing Program	37264.56
Chronic Disease Risk Reduction	55218.05
Community-Based Primary Care Clinic Grant	
Disease Intervention	
Family Planning	51015.82
Healthy Family Services	
HIV Prevention Program – Community	
HIV Prevention Program – Opt Out	
Immunization Action Plan	5629.00
Maternal & Child Health	62926.30
Pregnancy Maintenance Initiative (PMI)	12294.04
PREP	
Public Health Emergency Preparedness	Pending
Ryan White	
State Formula	18816.00
Teen Pregnancy Targeted Case Management	35183.04
WIC/ICP Collaborative	
Total Funds Requested:	278346.81

Signatures:



Yolanda Schaben

President/Chairman Local Board of Health or Board of Directors

Date: 3-9-15



Shelly Schneider, BSN, RN

Administrator/Director

Date: 3/9/15